


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90016 012 \*\*\*\*61.25

**-DOCUMENT # 710495**

1. Entity Name  
**LAKE PARK GARDENS #2 INC., A CONDOMINIUM**



Principal Place of Business  
 4751 NW 10TH COURT  
 APT 102  
 PLANTATION, FL 33313 US

Mailing Address  
 4751 NW 10TH COURT  
 APT 102  
 PLANTATION, FL 33313 US

**66010426**



03172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**59-1147872**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENNINGTON, CONNIE**  
 4751 NW 10TH COURT  
 102  
 PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$81.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGH, LUTCHMAN 4751 NW 10TH COURT #218 PLANTATION, FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRIER, BRAD 4751 NW 10TH CT 306 PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORTES, CHUCK 4751 NW 10TH CT 212 PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, ANTHONY 4751 NW 10 CT #210 PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Thomas 4751 NW 10 Court #206 Plantation, FL 33313 <input type="checkbox"/> Delete <i>Addition</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Connie Bennington #102 4751 NW 10 Court #102 Plantation, FL 33313 <input type="checkbox"/> Delete <i>Addition</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Inacio Gonzalez 4751 NW 10 Court #112 Plantation, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Bennington Date: 3/20/06 Daytime Phone #: 954-646-4918

# ATTACHMENT

LAKE PARK GARDENS #2 INC.  
4751 NW 10<sup>th</sup> Court  
Plantation, FL 33313

~~66010426~~  
~~#710495~~

April 10, 2006

## OFFICERS LIST:

Name	Title
James Thomas	President
Lutchman Singh	Treasurer
Connie Benington	Secretary
Inacio Gonzalez	Director